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**North Carolina**

**Medicaid Pharmacy**

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## **Changes in Drug Rebate Manufacturers**

The following changes are being made in manufacturers with Drug Rebate Agreements. They are listed by manufacturer code, which are the first five digits of the NDC.

### **Additions**

The following labelers have entered into Drug Rebate Agreements and joined the rebate program effective on the dates indicated below:

<u>Code</u>	<u>Manufacturer</u>	<u>Date</u>
51645	Gemini Pharmaceuticals, Inc.	02/12/2005
54738	Richmond Pharmaceuticals, Inc.	02/14/2005

### **Terminated Labelers**

The following labeler codes are being terminated effective April 1, 2005:

Pharmascience Laboratories, Inc. (Labeler code 51817); and  
Effcon Laboratories, Inc. (Labeler code 55806).

## **Optional Sixth Dose of Synagis for the 2004-2005 RSV Season for Previously Approved Infants**

A sixth dose of Synagis will be covered by North Carolina Medicaid for any child that has been approved for the 2004-2005 RSV season if the following criteria are met:

- The first of five doses must have been administered between October 15, 2004 and October 31, 2004.
- There must be a written prescription for the sixth dose signed by the child's present physician on file in the pharmacy.
- The sixth dose must be administered between the dates of February 16, 2005 and March 15, 2005.

Program Integrity will be monitoring for compliance to these guidelines.

### **New Form Available for Oxycotin Prior Authorization**

Effective January 11, 2005, a new form is available for requesting Oxycontin prior authorizations. The new form is available on the Pharmacy Prior Authorization website. The miscellaneous drug request form will no longer be accepted for Oxycontin prior authorization requests. Additional information, including prior authorization criteria, is available online at <http://www.ncmedicaidpbm.com>

### **Removal of Enbrel from the Prior Authorization Drug List**

Effective with date of service January 12, 2005, Enbrel no longer requires prior authorization from the Medicaid outpatient pharmacy program.

## Checkwrite Schedule

March 8, 2005	April 12, 2005	May 3, 2005
March 15, 2005	April 19, 2005	May 10, 2005
March 22, 2005	April 28, 2005	May 17, 2005
March 31, 2005		May 26, 2005

## Electronic Cut-Off Schedule

March 4, 2005	April 8, 2005	May 6, 2005
March 11, 2005	April 15, 2005	May 13, 2005
March 18, 2005	April 22, 2005	May 20, 2005
March 24, 2005	April 29, 2005	

*Electronic claims must be transmitted and completed by 5:00 p.m. on the cut-off date to be included in the next checkwrite. Any claims transmitted after 5:00 p.m. will be processed on the second checkwrite following the transmission date. POS claims must be transmitted and completed by 12:00 midnight on the day prior to the electronic cut-off date to be included in the next checkwrite.*

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